

Lamoille Valley Children's Integrated Services

Phase I Adventure

Lamoille Valley CIS History

- One of the first Success by Six Councils
- Innovation, coordination, and shared governance, e.g. Healthy Babies, Kids, & Families
- AHS Field Director and BBF Regional Director facilitated the early implementation of CIS locally
- Flexibility and willingness to adapt our local processes to state directives

Fiscal Agent & Subcontractors

- Fiscal Agent
 - Lamoille Family Center housing CIS-EI, CIS-FS, CIS-Program Manager, and CIS-Childcare Coordinator
- Subcontracts
 - Lamoille Home Health & Hospice: CIS-Nursing
 - Lamoille Community Connections:
CIS-EC&FMH services
- Agreements & Coordination with VNAs
 - Caledonia Home Health Care (serving Caledonia County & Craftsbury)
 - Central Vermont Home Health (serving Woodbury)

Finance & Billing

- Nursing allocation = 50% reduction
- Increased CIS-Intake Coordinator to .8 FTE with administrative funds
- Moving from paper Medicaid submission to electronic HPES submissions
- 100% + increase in Medicaid claims from Lamoille Family Center
- Standard monthly payments to subcontractors versus per client case rate

Systems Team

CIS Steering Committee

- Meets twice per month
- Composed of program CEOs and CIS managers, CSHN, FQHC-Behavioral Health and Wellness
- Addresses systems changes, program design, financial, monitors performance

Systems Changes

- Shared Governance
 - Single State contract with local subcontracts
 - Steering Committee
 - Referral & Intake Team
- Integrated Access Database
 - Eventually used for submittal of claims
 - One record for each CIS participant
 - All CIS team members utilize (on- & off-site staff)

In-House Data System

- Data collected will be used to establish baseline performance levels
- Funding levels for subsequent contracts may be based on achieving the following performance measures:

Performance Measures (All contractors):

- Percentage of those served by CIS who achieve one or more plan goals by the annual review or transition (whichever is earliest)
- Percentage of those served by CIS receiving services within the timelines outlined within these work specifications
- Percentage of those served by CIS who have no further need for immediate related supports upon exiting CIS services
- Percentage of those served by CIS reporting satisfaction with CIS services, based on surveys administered annually or at exit, whichever is earliest.

Performance Measures (Phase I Contractors):

- Number of referrals that are triaged by the CIS Intake Coordinator
 - Rationale: Goal is to have all referrals come through the CIS Intake Coordinator
- Percentage of Performance Measures met
 - Rationale: Are we achieving better performance (as measured by meeting performance expectations) from the fully integrated model?
- Number of service professionals interacting directly with families
 - Rationale: Does the use of a consultation team to maximize multidisciplinary views decrease the number of providers serving an individual family?

Intake & Referral Team Meetings

- Meets weekly
- Live access to database
- Review new referrals
- Case/One Plan Review
- Review families with multiple CIS providers
 - Provide “checks and balances” to number of providers in with same families
 - Improves communication between providers sharing families
 - Allows time to ensure that One Plan contains all family information

CIS Consultation Team

- Participants include: DCF-Family Services, VDH-ADAP, Domestic Violence Program, and Community Justice Project
- DCF-Family Services facilitates
- Meets once each month
- Consultation Team provides consultation with CIS Intake & Referral Team around families with whom we are struggling to make progress

Phase I Program Changes

- Nursing caseloads were redistributed
- EC&FMH Consultation and Education is expanding to include deeper involvement with families
- One Plan document averages 1 ½ hours to complete, over several visits; not serving paperwork requirement for all CIS services
- Program reporting through CIS Program Manager, e.g., data, narratives, performance
- CIS Childcare Coordinator functions as gate for all Consultation and Education referrals

Phase I Preparation Retreats

- **Three Retreats (April, September, November)**
each 3-4 hours long
 - Participants included: CIS Intake and Referral Team, additional CIS team members, and CIS Systems Team
- **Some topics included:**
 - Clarifying contract work specifications
 - Focus on team building
 - Creative solutions to service provision
 - CIS “elevator speech” for outreach to families & referral sources
 - Role clarification
 - Using screening tools
 - Local data system & outcomes tracking
 - Creating professional development plan

What's on the Phase I Radar Screen?

- Uniform data reporting by CIS staff
- Measuring effectiveness of service delivery against child and family outcomes
 - How much (quantity) did we do?
 - How well (quality) did we do it?
- Potential future financial changes
 - Implications of FY 12 Reallocations
 - Local program considerations
- Clinical Supervision
- Local Coordinated Professional Development Plan
- Integration across multiple counties within our AHS District (Washington, Caledonia, Orleans-Essex)

Contact Information

Anne Maule

CIS Program Manager

Lamoille Family Center

amaule@lamoillefamilycenter.org

802-888-5229 x132

Scott Johnson

Executive Director

Lamoille Family Center

sjohnson@lamoillefamilycenter.org

802-888-5229 x124

